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Arthrocare Corporation

(408) 530-9143

p.2

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21394 7590 04/30/2004

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MICHELLE NICELY	(Depositor's name)
<i>[Signature]</i>	(Signature)
7/28/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/057,412	01/25/2002	Jean Woloszko	G-3	1345

TITLE OF INVENTION: ARTICULATED ELECTROSURGICAL PROBE AND METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<del>YES</del> NO	<del>\$65</del> 1330	\$300	<del>\$945</del> 1630	07/30/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
COHEN, LEE S	3739	606-041000			

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- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. JOHN T. RAFFLE  
2. RICHARD R. BATT  
3.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ARTHROCARE CORPORATION

SUNNYVALE, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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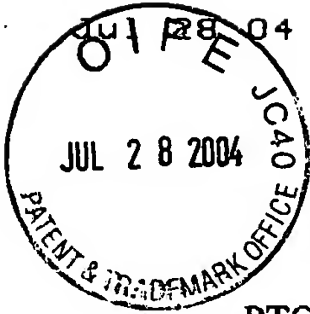
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04 04:07p

Arthrocare Corporation

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PTO FAX NO.: 1 (703) 746-4000

Attorney Docket No. G-3

Application No.: 10/057,412

### CERTIFICATION OF FACSIMILE TRANSMISSION

In connection with U.S. Patent Application of Jean Woloszko et al, Application No. 10/057,412 filed January 25, 2002, I hereby certify that the following **ISSUE FEE TRANSMITTAL** is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

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Dated:

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